

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div>1 2 0 2</div>	2. STATE <div>Virginia</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div>January 3, 2012</div>	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <div>42 CFR Part 447</div>		7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 8,250,000 b. FFY 2013 \$ 11,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div>Attach. 4.19-B, Page 6.3 of 15</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div>Same page</div>	
10. SUBJECT OF AMENDMENT <div>Supplemental Payments for Services Provided by Type I Physicians</div>			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹² <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <div>Secretary of Health and Human Resources</div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div><i>Cynthia B. Jones</i></div>		16. RETURN TO <div>Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA-23219 Attn: Regulatory Coordinator</div>	
13. TYPED NAME <div>Cynthia B. Jones</div>			
14. TITLE <div>Director</div>			
15. DATE SUBMITTED <div>3/12/12</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <div>3/12/2012</div>		18. DATE APPROVED <div>JUN 29 2012</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div>1/3/2012</div>		20. SIGNATURE OF REGIONAL OFFICIAL <div><i>Francis McCullough</i></div>	
21. TYPED NAME <div>FRANCIS McCullough</div>		22. TITLE <div>Associate Regional Administrator / DMCHD</div>	
23. REMARKS			